

Contact Person

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Virginia Bureau of Insurance**Review Requirements Checklist**

1300 East Main St
Richmond, VA 23219

Effective as of: December 1, 2005

LINE OF BUSINESS: _____ Title _____

LINE(S) OF INSURANCE
_____ Title _____

CODES
_____ .0000

Code: _____ 34.0000

IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN:

THIS NAIC PRODUCT REVIEW REQUIREMENTS CHECKLIST CONTAINS ADMINISTRATIVE FILING REQUIREMENTS. DETAILED INFORMATION PERTAINING TO LEGAL REQUIREMENTS ARE CONTAINED IN THE NAIC PRODUCT REQUIREMENTS LOCATOR (PRL). SELECT THE TITLE PRL FROM THE LINK BELOW.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
VIRGINIA INSURANCE CODE	Title 38.2 of the Code of Virginia	
NAIC UNIFORM PRODUCT CODING MATRIX	Product Coding Matrix	
NAIC PRODUCT REQUIREMENTS LOCATOR	Product Requirements Locator	This is a searchable database containing detailed descriptions of filing and legal requirements.

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS
GENERAL REQUIREMENTS FOR ALL FILINGS		
COPIES, RETURN ENVELOPES ETC.	Administrative Procedure	COPIES AND RETURN ENVELOPES- A complete copy of the filing must be sent for each company with a reply copy and self addressed stamped envelope if a stamped acknowledgment is desired.
COVER LETTER AND EXPLANATORY MEMORANDUM	Administrative Letter 1983-7 Administrative Letter 2005-02	COVER LETTER - The cover letter must contain the NAIC number, full name of each company for which the filing is being submitted, and the proposed method and date(s) of implementation (see next section). The cover letter or explanatory memorandum should indicate the forms, rules or rates that are being withdrawn or replaced. Companies may use a fully completed and signed NAIC Uniform Transmittal Form in lieu of a cover letter.
EFFECTIVE DATE WORDING/IMPLEMENTATION METHOD FOR COMPANY FILINGS	Administrative Letter 2005-02	IMPLEMENTATION DATE and METHOD - The cover letter or NAIC Uniform Transmittal Form must request the implementation method selected for the filing e.g. “policies effective”, “policies written”, “policies issued or delivered” and/or “policies processed” and state the specific implementation date. The method of implementation selected for each filing must be specific and applied consistently to each company named in the filing.
THIRD PARTY FILERS AUTHORITY Filing authorization granted to a third party a third party (other than a Rate Service Organization)	Filing Guidelines Handbook	SIGNED AUTHORIZATION- Either a completed and signed filing authorization form granting authority to make the filing or a signed original letter referencing the specific filing must accompany filing.

CERTIFICATION OF FILING

I hereby certify that I have reviewed the attached filing and determined that it is in compliance with the items listed in the Title NAIC Product Review Standards Checklist and the Title Product Requirements Locator.

Signed: _____

Name: _____ Title: _____

Company Name: _____

Date: _____ Phone No: () _____ FAX No: () _____

E-Mail Address: _____